

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
CORPORATION REINSTATEMENT
99-01 WBA
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 29 PM 5:06

DOCUMENT # P98000073688
 1. Corporation Name
 L.T.D. GROUP, INC.

2. Principal Office Address 3604 CURRY FORD RD. Suite, Apt. #, etc.	3. Mailing Office Address SAME AS PRINCIPAL OFFICE Suite, Apt. #, etc.
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600004686196--3
 -11/16/01--01103--009
 ****450.00 ****450.00

City & State ORLANDO, FL		City & State	
Zip 32806	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 08-20-1998	
5. FEI Number 59-3528037	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name TRIVEDI, REKHAN	
Street Address (P.O. Box Number is Not Acceptable) 107 E. VILLA CAPRI CIRCLE APT. G	
Suite, Apt. #, Etc.	
City DELAND	State FL
Zip Code 32724	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *Rekhan Trivedi* Date: 10-25-01
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LAKHANI, MAVJIBHAI	107 E. VILLA CAPRI CIRCLE	DELAND, FL 32724
STD	TRIVEDI, REKHAN	107 E. VILLA CAPRI CIR.	DELAND, FL 32724
VPD	LAKHANI, LILABEN	107 E. VILLA CAPRI CIR.	DELAND, FL 32724
DVP	TRIVEDI, NIMISHA	107 E. VILLA CAPRI CIR.	DELAND, FL 32724

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Rekhan Trivedi* Date: 10-25-01 Daytime Phone #: 407-228-3914
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)

Handwritten signature

L.T.D. GROUP, INC..
3604 CURRY FORD RD.
ORLANDO, FL 32806

October 25, 2001

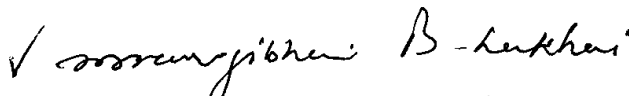
Fl. Dept. of State
Division of Corporation, Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Please be advised that the review of our records indicate that we were not in receipt of the annual corporate renewal form from your office. Upon discussion with your office, and with there suggestion, we enclose the copy of the form 2001 Corporate reinstatement Report with the check in the amount of \$ 450.00 representing for the periods of 1999 to 2001.

Kindly accept our report and waive any penalties associated with such filing. Your uppermost attention to this matter is appreciated.

Sincerely,


Mavjibhai Lakham, President